

Visit (Session) Rating Scale (SRS V.3.0)

Name (Optional) _____

Date: _____

Please rate today's visit by placing a mark on the number nearest to the description that best fits your experience **where marks to the left represent low levels and marks to the right indicate high levels..**

Relationship

I did not feel heard, understood, and respected.

0 1 2 3 4 5 6 7 8 9 10

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

0 1 2 3 4 5 6 7 8 9 10

I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The clinicians' approach is not a good fit for me.

0 1 2 3 4 5 6 7 8 9 10

The clinician's approach is a good fit for me.

Overall

There was something missing in the visit today.

0 1 2 3 4 5 6 7 8 9 10

Overall, today's visit was right for me.

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